

New Jersey Department of Environmental Protection
Bureau of X-ray Compliance
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SCHOOL DRAFT #1 5/8/12

Instructions for Use of the Clinical Competency Evaluation Form

Please type or print information clearly. If information is illegible, the form will be returned.

During clinical education, a student must be deemed competent in performing the following dental radiographic procedures:

1. Full mouth series **or** if not available, 4 bitewing and 14 periapical exposures of various areas of the mouth using paralleling technique;
2. Two (2) bitewing exposures using bisecting angle technique and
3. Panoramic procedure.

At least one of these procedures must be performed using digital radiography.

Additionally, before any of the above required procedures can be evaluated for clinical competency, the student must successfully perform that procedure (e.g. a full mouth series **or** 4 bitewing and 14 periapical exposures) on a minimum of three patients

STUDENT SUPERVISION:

All radiographic related activities performed by a student must be performed under the direct supervision of a person named in Section 3 of the Clinical Affiliate Application who is in the room with the student and is observing and supervising the student.

Grading Criteria:

In order to pass a clinical objective, the student must competently perform the entire objective without any assistance from the evaluator. In order to pass the evaluation, all objectives must be graded as "Pass". Any repeat exposure, as determined by a licensed dentist, results in an automatic failure of that competency. Any clinical competency failure requires that the student repeat at least one practice attempt prior to re-evaluation. All practices and re-evaluations must be recorded on this form.

Important Notes:

Once all three procedures are passed or the permission period has expired, the student is no longer permitted to operate x-ray equipment or perform dental radiographic procedures until licensed by the Department of Environmental Protection.

Upon completion of the clinical competency evaluation, all clinical related forms must be returned to the school for review and inclusion in the student file.

Dental Radiography Clinical Competency Evaluation Form**Page 2 of 2****School Name:** _____**Student Name:** _____**Permission Period:** From _____ To _____**Clinical Office:** _____**Radiographic Procedure (Circle one)** FMS-Paralleling Bitewing-Bisecting Panoramic

Record of Practice Attempts				
Patient initials or ID#	Date	# of Exposures	Film or Digital	Evaluator's Initials

Note: Practice attempts (**minimum of 3 patients**) must include all of the clinical objectives listed below and have been successfully completed prior to attempting a clinical competency evaluation.

CLINICAL COMPETENCY EVALUATION

Date of Evaluation: _____ Film or Digital: _____

Patient Initials or ID #: _____

Clinical Objective	Pass or Fail	Comments
Greet patient and explain and verify the radiographic procedure to be performed		
Review patient's medical history and record of previous exposures		
Evaluate the area to be exposed to determine that all dentures, jewelry and other unnecessary objects are removed		
Use radiation protection practices for patient, self and others		
Position the patient for requested radiographs		
Position the image receptor to record the area of interest		
Position the x-ray equipment for desired exposure		
Select exposure factors and make x-ray exposure		
Produce radiographic images that are free from artifacts and other errors		
Mount films or display digital images and properly identify radiographs using the ADA recommended method		

Grade:

Evaluator's Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

I have reviewed the dental radiographic images produced during this competency evaluation and found them to be of acceptable diagnostic quality

Student's Signature: _____ Date: _____